



**world servants**

*Serving changes everything. Lead the way.*

THIS FORM WILL NOT BE PROCESSED IF ALL SECTIONS ARE NOT COMPLETED AND NOTARIZED

# STUDENT APPLICATION FORM

## PERSONAL INFORMATION

(PLEASE PRINT)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Address \_\_\_\_\_ Your Church/Group Name Faith Community Church  
 City, State, Zip Code \_\_\_\_\_ Group Leader Karen Coopriider  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Trip Location Grafton, West Virginia  
 E-Mail Address \_\_\_\_\_ Date of Trip June 30 – July 7, 2012

Is this your first mission trip with World Servants?  YES  NO  
 Do you speak any foreign languages fluently?  YES  NO If yes, please list: \_\_\_\_\_

**IF YOUR TRIP REQUIRES A PASSPORT, PLEASE ATTACH A COPY OF YOUR PASSPORT TO THIS APPLICATION.**

PASSPORT NAME N/A  
PASSPORT NUMBER N/A

## MEDICAL INFORMATION

Date of last Tetanus Shot (must be within last 10 years) \_\_\_\_\_  
Check the appropriate blank if any of the following apply to you:\*

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies (including drug) | <input type="checkbox"/> Bee/Wasp Reaction    |
| <input type="checkbox"/> Dizziness or Fainting      | <input type="checkbox"/> Hay Fever            |
| <input type="checkbox"/> High Blood Pressure        | <input type="checkbox"/> Penicillin Allergy   |
| <input type="checkbox"/> Physical Disability        | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Heart Trouble        |
| <input type="checkbox"/> Operation in Last Year     | <input type="checkbox"/> Pregnant             |
| <input type="checkbox"/> Regular Medication         | <input type="checkbox"/> Other                |

**Be sure to bring an ample supply of your regular medication with you on your trip. You may want to get a written prescription from your doctor to give to your group leader in case of emergency.**

**INSURANCE INFORMATION:** Applications will **NOT** be processed without insurance information. If you do not have insurance, please contact World Servants.

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

\*DESCRIBE BELOW, AS NEEDED, ANY CONDITIONS THAT APPLY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## YOUTH PARTICIPANT/GUARDIAN RELEASE

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in the World Servants mission trip mentioned above. I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER & RELEASE ON THE REVERSE SIDE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every reasonable effort will be made to contact me before these actions are taken.

(Sign in the presence of a Notary Public)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

## NOTARY

NOTE: Notarization is **required**.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

## LIABILITY WAIVER & RELEASE

In consideration of being allowed to participate in the trip sponsored by World Servants, Inc., its partners and/or agents and in consideration of the benefits to be derived there from, I hereby release World Servants, Inc., its partners and/or agents and their present and former trustees, officers, directors, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I, my spouse, or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I enter into participation in this trip and agree to the participation of my spouse or minor child with knowledge of those risks. **If for any reason my child is unable to complete the planned stay on the mission trip, I assume full responsibility for expenses incurred for my child's return home.**

I agree that World Servants, Inc., and my, my spouse's and/or my child's group may use and/or display the name, address and likeness of me, my spouse and/or my child without limitation for promotional purposes without further consideration. I authorize World Servants, Inc., and my, my spouse's and my child's group, their partners and/or agents, permission to use, copy, reproduce, display, distribute, publish, and exhibit any pictures, video or narrative my child takes during the trip which I my spouse and/or my child provides to any of them, and pictures, video or narrative in which I, my spouse and/or my child may be included, without restriction. This authorization includes any means of communication at any place for any lawful purpose. I waive any right I, my spouse and/or my child might have to inspect and/or approve the copy that may be used or the use to which it may be applied.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily. I also certify that I am the lawful guardian of the minor identified on this student application.

In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me or my spouse or my child to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through a Christian reconciliation service. (<http://www.peacemaker.net>)